## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10 / 566161

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L	D MATIONIA	CT 4 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(Colu	mn 1)		(Column 2)	_	SMALL ENTITY TYPE		OF		R THAN ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150			RGE ENT. = \$ 300	1	BASIC FEE		٦ م	BASIC FEE	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			other situations = \$ 100 / \$ 200	1	EXAM. FEE	<del> </del>	┨¨``	ļ	300
SEARCH FEE			All other situations (ie. No Search Rpt.) = \$ 250 / \$ 500		U.S. Is	ISA = \$50/\$100 other countries =		SEARCH FEE	╂╧╾	1	SEARCH FEE	200
FEE FOR EXTRA SPEC. PGS.			/minus 100 =			\$ 200 / \$ 400 / 50 =		X'\$ 125 =	<del> </del>	4		400
TOTAL CHARGEABLE CLAIMS			# minus 20 = *		*			X \$ 25 =		-	X \$ 250 =	<u> </u>
INDEPENDENT CLAIMS			/ minus 3 = *		*			X \$ 100 =	<b> </b> -	OR	X \$ 50 =	ļ
ΜU	LTIPLE DEPEN	IDENT CLAIM PRI						+\$ 180 =		OR	X \$ 200 =	<u></u>
* If	the difference	e in column 1 is	ess than zer	o, enter "0	" in co	olumn 2		TOTAL		OR:	. + \$ 360 =	
								·OIAL		OR	TOTAL	
	T	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST						SMALLE	OR	OTHER SMALL E		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		= .		X \$ 25 =		OR	X \$ 50 =	FEE
	Independent	<u>-</u>	Minus	***	•	=.		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FFF	· ·	L	TOTAL ADDIT.	
_		(Column 1)		(Colum		(Column 3)						
ENTB		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	T	RATE	ADDI- TIONAL
AMENDMENT B	Total	*	Minus	**		=	ľ	·X \$ 25 =		OR -	X \$ 50 =	FEE
	Independent	*	Minus	***		= .		X \$ 100 =		-	X \$ 200 =	
	FIRST PRES	ENTATION OF MU	JLTIPLE DEPI	ENDENT CL	AIM		ŀ	+ \$ 180 =		OR -	+ \$ 360 =	
							Ļ	TOTAL ADDIT:		_	OTAL ADDIT.	
	" WIC THURBER IN	umn 1 is less than the	East ILL TIME OF	~ ~ ~ ~ ~ .				FFF .			FFF <b>L</b>	
		imber Previously Paid imber Previously Paid imber Previously Paid					the	appropriate box i	n column 1.			
DRM	PTO-875 (Rev. 02	/2005)						Palent and T				